



**Eldon A. Trame, MD**  
**ISMS President**  
**2013 - 2014**  
**Belleville, IL**  
**Internist**

# Archived Materials



Illinois State Medical Society

# President's Forum

## 2013 ISMS President Eldon A. Trame, MD

Eldon A. Trame, MD, is a board-certified internist, practicing at Esse Health in Bellville, Illinois.

Dr. Trame attended Rockhurst College in Kansas City, MO. and earned his medical degree from the St. Louis University School of Medicine. His residency was also completed in St. Louis at St. John's Mercy Medical Center.

For over 20 years he has been an active member of the Illinois State Medical Society, serving on the board of trustees since 2002, and is currently president of the Society and an alternate delegate to the AMA.

Locally, Dr. Trame is a member and past president of the St. Clair County Medical Society. In addition, he has served as president of the Southern Illinois Medical Association.

## President's Message

April 23, 2014

### Bumbling, or Business as Usual?

#### Illinois DHFS Pulls Back Some Primary Care Payments

If you're a primary care physician who treats patients covered under Medicaid, the State Children's Health Insurance Program (SCHIP), All Kids, Family Care, or a number of other programs, you may notice that your next check from the state is a little smaller than usual.

This might come as a surprise, since the Affordable Care Act (ACA) provides enhanced payments in 2013-2014 for primary care physicians in the specialties of Internal Medicine, Family Medicine and Pediatrics. The much-ballyhooed "Primary Care Incentive Program" (PCIP) provides for additional reimbursements for some services provided to Medicaid patients, as long as the physician attests that he or she provides bona fide primary care services. These extra payments bring the total reimbursement to the physician up from the regular Medicaid rate, which is abysmally low, closer to the Medicare rate, which is slightly higher. (After the mess we've witnessed in Washington earlier this spring, Medicare rates are a bit of a sore subject in their own right.)

It seems, however, that bureaucratic mistakes can take a bite out of any program, no matter how small the benefit. According to a recent informational notice put out by the Illinois Department of Healthcare and Family Services (DHFS), a small percentage of the enhanced payments made in Illinois under PCIP are being taken back – not because of any physician error, but because of a misstep by the state.

The notice states that between January 1, 2013 and November 17, 2013, enhanced payments were made to primary care physicians for specified services provided to patients in a number of state programs, including SCHIP and All Kids. However, the enhanced payments authorized by the ACA are federally funded, and only apply to regular Medicaid. Because the patients covered under these other programs are generally not eligible for regular Medicaid, the federal Centers for Medicare and Medicaid Services (CMS) has informed DHFS that they are not eligible for the

enhanced payments – in other words, the feds want the money back.

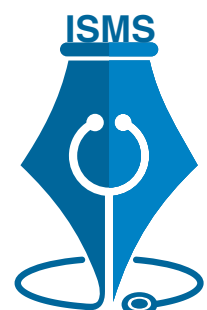
As a result, DHFS will be taking back the payments that were made in error. The notice published by the Department indicates that "only" 3-4 percent of the total enhanced payments made under the program will be recouped, and the recoupments will only be applied on future vouchers for enhanced ACA programs. If you or your billing staff notice an "adjustment" on your voucher with the reason code 3317 (ACA Pmt Recoup/Client Category Ineligible), this is why.

So, what can physicians do in the future to find out whether the services they provide to a given patient are eligible for the enhanced payments? According to DHFS, not much: "Unfortunately, there is no such reliable system currently available that will allow participating physicians to definitively determine in advance whether a patient about to be seen or billed is Title XIX [Regular Medicaid – eligible for enhanced payments], Title XXI [not eligible], or State-Funded [also not eligible]."

DHFS assures physicians that participating primary care physicians will continue to receive enhanced payments for qualified services to "a vast majority" of the patients they see. Of course, the PCIP program itself will expire at the end of 2014 if Congress doesn't extend it and the state doesn't decide to pick up the bill. Forgive me if I don't hold my breath.



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## Regardless of Specialty, All Docs Should Care About Scope Legislation

Eldon A. Trame, MD

We physicians tend to be parochial, and for many of us it has become common to identify ourselves less with “physician” and more with “internist,” “surgeon” or fill-in-the-blank based on the three-to-eight years we spent after medical school.

It is understandable that our focus for keeping up with the latest advances within our specialty means more time spent with our specialty peers and reading the journals focused on our unique challenges.

However, there are still many issues and beliefs that should bind us beyond just our clinical interests. One such issue: scope of practice. In recent years there has been a groundswell of efforts by other groups to become licensed health care professionals, achieve equal recognition as MDs/DOs under the Medical Practice Act, or to practice beyond the level for which their training prepared them. They often rely on arguments that aren't based on their training, suggesting a perceived gap in our current health care landscape or offering a solution where no problem exists. Unfortunately, the proposed scope expansion “solutions” are only roadmaps to more problems. For these reasons, ISMS is at the forefront of protecting our profession, and our patients, against unwarranted scope of practice expansion.

### Halting scope expansion benefits all Illinois physicians

We are currently in the midst of Illinois' 98th General Assembly, and there has already been a great deal of activity.

Your ISMS lobbying team is on the ground in Springfield educating lawmakers on health care bills at the point of introduction and committee consideration.

This year there is no shortage of scope expansion proposals. Expect to hear more about these bills as the session progresses. Our team is effective at nipping the more onerous proposals in the bud, but typically a few bills advance and require more work. Sometimes this can be achieved through targeted constituent physician phone calls. Occasionally it will require more of an effort, such as the case when a coordinated campaign, with the support from the AMA, was initiated in 2013 to educate lawmakers on a harmful psychologist prescribing proposal.

Medicine now is not the same as it was even a decade ago. Health care delivery is team-based and will be even more so in the future. This is a good thing; teams of professionals practicing to the fullest extent of their licensure are effective in serving the best interests of our patients. ISMS is committed to ensuring that this team-based model remains physician-led.

ISMS' work on scope of practice bills is important for all doctors. It may not be your specialty that is threatened today by unsafe scope expansion, but it could be tomorrow. We must all rally to oppose any dangerous scope proposal and advocate as a united front of Illinois physicians.

Contact me at [DrTrame@isms.org](mailto:DrTrame@isms.org) to share your thoughts.

## Combatting January Snows and Health Insurance Woes Eldon A. Trame, MD

Anyone watching television or listening to the radio since the new year began has been besieged by two topics: the avalanche of cold, snowy weather and health care insurance enrollments.

Jan. 1, 2014, is in the rearview mirror, and the most significant phase of the *Affordable Care Act* has begun.

Despite significant problems in enrolling, thousands of Illinoisans signed up for coverage through private insurance and the Medicaid program. And despite the sign-ups, it is unclear for many if they even have health insurance. Most of the big insurers in Illinois initially agreed to allow new insureds to make a first payment by January 10 to ensure coverage. Blue Cross Blue Shield of Illinois recently extended the deadline for payment until the end of January.

Each week seems to bring a new issue or a changing deadline.

We know that many physician offices are facing uncertainty. ISMS offers resources to assist you with some of the current

challenges. We also are working to address emerging concerns and provide support in meeting your patients' needs. On **Monday, February 3 at 7 p.m.**, I'll be co-hosting a town hall call for Illinois physicians to update you on the latest ACA developments and to listen to your perspective on how the law is affecting you. *Pre-registration is required*, so please take a moment to sign-up.

Next month we will also be launching “Keeping Pace,” a live event and on-demand webinar series that will focus on mastering care coordination, understanding changing reimbursement structures and addressing technology roadblocks. Registration for seminars in Oak Brook and Springfield is now open. On-demand programs will be available soon.

If you can't attend the call or *Keeping Pace events*, I'd still like to hear how the ACA rollout is affecting you and your practice. Contact me at [DrTrame@isms.org](mailto:DrTrame@isms.org) to share your thoughts.

# President's Message

## Keeping Pace Program Exemplifies Cutting Edge CME with Flexible Learning Options

Eldon A. Trame, MD



ISMS is excited to offer a new hybrid CME option through our Keeping Pace meeting series. On February 28 in Oak Brook and March 12 in Springfield, we are gathering a group of local and national experts to address evolutions in care coordination and how to stay ahead of the practice curve. In addition to these live programs, we are offering five related on-demand courses.

Physicians or anyone from your office team can choose to attend a live event or view similar programs on-demand 24/7. Participants who sign-up for both the live and online programs receive additional discounts beyond the low priced option provided to members. A list of the Keeping Pace on-demand programs appears below in this column.

Even if your practice is well down the care coordination road, the Keeping Pace events offer significant value. Examples for who can benefit include:

- A midsize family medicine group recently recognized by the National Committee for Quality Assurance (NCQA) can access Keeping Pace for insights on maintaining their status, peeking around the corner for a glimpse of what's to come, and maximizing efficiencies for working with referral groups.
- A surgeon who receives the bulk of his or her referrals from primary care offices will better understand how to coordinate follow-up, so that the primary care offices can meet their patient population management goals.
- A small primary care group that hasn't engaged in the patient-centered medical home (PCMH) recognition stages can break the ice by exploring the stressor points prior to initiating the recognition process. The group may be assessing whether there is a need to hire physician extenders and additional staff to meet its goals.

These are but a few examples of why someone from your practice should participate in a Keeping Pace event. Don't miss this opportunity.

ISMS thanks the American Academy of Pediatrics Illinois Chapter, Illinois Academy of Family Physicians, and Illinois Osteopathic Medical Society for partnering on the Keeping Pace events.

Send your questions and comments to [DrTrame@isms.org](mailto:DrTrame@isms.org).

### Keeping Pace: On-Demand Courses

**Financial Trends, Impacts and Strategies: How Illinois Practices Can Keep up the Pace**

**How Not to Practice Defensive Medicine in an Era of Quality and Efficiency**

**Human Resourcing Considerations for the Medical Practice: The Effects of Unsuitable HR Situations on Physicians, Colleagues and Staff**

**ICD-10-CM and the Importance of Clinical Documentation Improvement on the Medical Practice**

**Physician Stress and Burnout: Prevalence, Impact and What We Can Do**